

CITY OF ROCKFORD EMPLOYMENT APPLICATION
Human Resources Department 1st Floor City Hall, 425 East State Street, Rockford, IL 61104
(815) 987-5581 JOBS HOTLINE



APPLICANT INFORMATION

| | | | | |
|--|-------------------------------|------------|------------|-------------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME |
| PRESENT ADDRESS | | | CITY | STATE |
| ANY OTHER NAME USED | | | HOME PHONE | WORK PHONE |
| ARE YOU 18 YEARS OF AGE OR OLDER? Y / N | IF NO, HOW OLD ARE YOU? _____ | | | |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? | | | YES | NO |
| (A) HAVE YOU EVER BEEN DISCHARGED FROM A POSITION FOR MAKING THREATS, FIGHTING, OR ANY INCIDENTS INVOLVING VIOLENCE? | | | YES | NO |
| (B) HAVE YOU EVER BEEN CONVICTED OF ANY FELONY WITHIN THE LAST SEVEN (7) YEARS? | | | YES | NO |
| IF YES TO (A) OR (B), EXPLAIN. (APPLICANTS ARE NOT OBLIGATED TO DISCLOSE: (1) SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST; (2) EXPUNGED JUVENILE RECORDS OF CONVICTION OR ARREST; OR (3) A CRIME FOR WHICH YOU HAVE PLEADED GUILTY, HAVE RECEIVED SUPERVISION, HAVE COMPLIED WITH COURT SUPERVISION, AND HAVE RECEIVED A JUDGMENT DISMISSING THE CHARGES). IF YES, EXPLAIN _____ | | | | |
| PLEASE NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT BUT ARE REVIEWED IN RELATION TO THE JOB APPLIED FOR. CONVICTIONS NOT REPORTED (EXCEPT THOSE NOT REQUIRED TO BE REPORTED AS EXPLAINED ABOVE) MAY BE CAUSE FOR DISCHARGE. | | | | |

EMPLOYMENT INFORMATION

| | | | |
|---|--|---|--------------------|
| POSITION APPLIED FOR | | DATE AVAILABLE | SALARY REQUIREMENT |
| HOW DID YOU LEARN ABOUT THIS POSITION? | | LOCATION PREFERENCE | |
| HAVE YOU PREVIOUSLY WORKED FOR THE CITY? IF YES, PLEASE GIVE DETAILS: | | YES | NO |
| ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, PROVIDED REASONABLE ACCOMMODATIONS CAN BE MADE? | | YES | NO |
| | | TYPE OF WORK : FULL-TIME _____ PART TIME _____ TEMPORARY _____ SUMMER _____ | |

EDUCATION AND TRAINING

| | SCHOOL NAME AND LOCATION | COURSE OF STUDY | LAST YEAR COMPLETED | | | | DID YOU GRADUATE? | LIST DIPLOMA OR DEGREE |
|------------------|--------------------------|-----------------|---------------------|---|---|---|-------------------|------------------------|
| HIGH SCHOOL | | | 1 | 2 | 3 | 4 | YES NO | |
| | | | | | | | | |
| COLLEGE | | | 1 | 2 | 3 | 4 | YES NO | |
| | | | | | | | | |
| GRAD/TECH SCHOOL | | | 1 | 2 | 3 | 4 | YES NO | |
| | | | | | | | | |

PROFESSIONAL LICENSES OR CERTIFICATIONS:

OTHER COURSES OR TRAINING:

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications for this position

| | | |
|-----------------------------------|---------------------------------------|---|
| DESCRIBE: | | |
| | | |
| | | |
| COMPUTER SOFTWARE SKILLS: | | |
| | | |
| TYPING WORDS PER MINUTE: _____ | SHORTHAND: WORDS PER MINUTE: _____ | COMMERCIAL DRIVER'S LICENSE (CDL) YES NO |

Name: _____

Date: _____

EMPLOYMENT HISTORY (Complete all information even if you have a resume)

Please give accurate and complete employment record including any military service. Start with most recent employer. Account for all time during the past 10 years, including periods of unemployment. If more space is needed, complete additional form

| | | | | |
|------------------|------------------------------------|------------|-----------------|---------------|
| EMPLOYER NAME | FROM (MO/YR) | TO (MO/YR) | STARTING SALARY | ENDING SALARY |
| ADDRESS | LAST POSITION HELD | | SUPERVISOR | |
| CITY, STATE, ZIP | DESCRIBE WORK AND RESPONSIBILITIES | | | |
| PHONE NUMBER | REASON FOR LEAVING | | | |

| | | | | |
|------------------|------------------------------------|------------|-----------------|---------------|
| EMPLOYER NAME | FROM (MO/YR) | TO (MO/YR) | STARTING SALARY | ENDING SALARY |
| ADDRESS | LAST POSITION HELD | | SUPERVISOR | |
| CITY, STATE, ZIP | DESCRIBE WORK AND RESPONSIBILITIES | | | |
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| | | | | |
|------------------|------------------------------------|------------|-----------------|---------------|
| EMPLOYER NAME | FROM (MO/YR) | TO (MO/YR) | STARTING SALARY | ENDING SALARY |
| ADDRESS | LAST POSITION HELD | | SUPERVISOR | |
| CITY, STATE, ZIP | DESCRIBE WORK AND RESPONSIBILITIES | | | |
| PHONE NUMBER | REASON FOR LEAVING | | | |

ADDITIONAL EXPERIENCE List other relevant military, volunteer or work experience:

| | | | | |
|-------------------|--------------|------------------------------------|--------------|------------|
| ORGANIZATION NAME | | POSITION | FROM (MO/YR) | TO (MO/YR) |
| SUPERVISOR | PHONE NUMBER | DESCRIBE WORK AND RESPONSIBILITIES | | |

| | | | | |
|-------------------|--------------|------------------------------------|--------------|------------|
| ORGANIZATION NAME | | POSITION | FROM (MO/YR) | TO (MO/YR) |
| SUPERVISOR | PHONE NUMBER | DESCRIBE WORK AND RESPONSIBILITIES | | |

PROFESSIONAL REFERENCES List three (3) professional/business references. Do not list personal references.

| NAME | ADDRESS | RELATIONSHIP | YRS. KNOWN | PHONE NUMBER |
|------|---------|--------------|------------|--------------|
| | | | | |
| | | | | |
| | | | | |

READ CAREFULLY BEFORE SIGNING:

I certify that all answers to the above questions are true and complete. I understand that falsification of this application may result in disqualification or removal from a city position. I understand that a city ordinance requires city employees to live in Winnebago County or within 15 miles from the public safety building within 6 mos. after probation. I authorize the city to make inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that any such information is sought with confidentiality, and I will not request copies of such information. I also understand that this application is not an offer of employment, and any future employment offer with the city of Rockford is conditional upon the satisfactory completion of a drug screening urinalysis, and the receipt of satisfactory recommendations from former employers and references. If hired, I may be terminated at the discretion of the city of Rockford without obligation. The city of Rockford is an at-will employer. Upon my termination from the city of Rockford, I authorize the release of reference information on my work. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ DATE: _____

THE CITY OF ROCKFORD IS AN EQUAL OPPORTUNITY EMPLOYER. THIS APPLICATION WILL NOT BE USED FOR LIMITING OR EXCLUDING ANY APPLICANT FOR CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW. APPLICANTS REQUESTING REASONABLE ACCOMMODATIONS IN THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE CITY OF ROCKFORD HUMAN RESOURCES DEPARTMENT. APPLICANTS WHO ARE REQUESTING SUCH ACCOMMODATIONS WILL BE GIVEN THE SAME CONSIDERATION AS OTHER APPLICANTS.